

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037894

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318 1003 9086

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 3647 Finney Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lessie Middle Munn Last		4. DATE OF DEATH Month 9 Day 8 Year 63	
5. SEX Fem.	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2-18-1906 9. AGE (last birthday) 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Household	
11a. FATHER'S NAME Demestie Moss Gray		11b. MOTHER'S MAIDEN NAME Annie ?	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12b. SOCIAL SECURITY NO. Willie Nunn Address 3433 Lucas Ave	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremic Colitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Diabetes Mellitus DUE TO (b) 2600 x DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Undet.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9-1-63 to 9-8-63 and last saw her alive on 9-8-63 Death occurred at 5:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE H. H. Whittier 22b. ADDRESS 2601 N. Whittier 22c. DATE SIGNED 9-9-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Via Rail Road 23b. DATE 9-13-1963 23c. NAME OF CEMETERY OR CREMATORY Macon 23d. LOCATION (City, town, or county) (State) Miss.		24. FUNERAL DIRECTOR Atkins Bros Und-Co. 3644 Finney ADDRESS SEP 10 1963 25. DATE RECD. BY LOCAL REG. SEP 10 1963 26. REGISTRAR'S SIGNATURE Earl Smith. M.D.	

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Missouri

St. Louis

3647 Finney

St. Louis

Henry G. Phillips

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Missouri

Missouri

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St. Louis

St. Louis

St. Louis

St. Louis

St. Louis

St. Louis

St. Louis

St. Louis

Undertaker

Undertaker

STATEMENT BY LICENSED EMBALMER

Undertaker

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4476

P. O. Address 2405 Maroon

20-8-0

20-8-0

20-1-0

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

20-9-0

Missouri

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